

## E. R. TID EQUALIZED VALUE DETERMINATION REQUEST

COUNTY (please type)
MUNICIPALITY
E.R. TAX INCREMENT DISTRICT NO.

PROPOSAL APPROVAL DATE

( \_\_\_\_\_, 20 \_\_\_\_ )

DNR CERTIFICATION DATE

( \_\_\_\_\_, 20 \_\_\_\_ )

EFFECTIVE CREATION DATE: JANUARY 1, 20 \_\_\_\_

OFFICE USE ONLY
AA and COMUN CODE

**Please see instructions on reverse side.**

### RETURN TO:

Wisconsin Dept. of Revenue  
 Tax Incremental Finance  
 Mail Stop 6-97  
 PO Box 8971  
 Madison, WI 53708-8971

<b>PART I. TAXING JURISDICTIONS AFFECTED</b>	
<b>Name and Number of Taxing Jurisdiction</b>	
Municipality	
School District(s)	
Technical College	
County	
Union High School	
Lake Management District	
Sanitary District	
Other	

### PART II. DECLARATION

I declare that this application and attachments have been examined by me and, to the best of my knowledge and belief, are true, correct, and complete. I hereby request the Department of Revenue to determine the equalized value of this E. R. tax incremental district.

Clerk's signature	Telephone number	E-mail address	Date
(        )			

### PART III. INDIVIDUAL TO CONTACT FOR ADDITIONAL INFORMATION

Name and Title	Telephone number	E-mail address
(        )		
Address		

(OVER)

**PART IV. OTHER ENVIRONMENTAL REMEDIATION TAX INCREMENTAL DISTRICTS**

E.R.TID NUMBER (Existing & Previous)	APPROVAL DATE	EXPIRATION DATE	E.R.TID NUMBER (Existing & Previous)	APPROVAL DATE	EXPIRATION DATE

**ALL FORMS AND ATTACHMENTS MUST BE COMPLETE AND CORRECT  
TO THE SATISFACTION OF THE DEPARTMENT OF REVENUE**

**INSTRUCTIONS**

Identify the county, municipality, and ER TID number in the upper left-hand corner. Fill in the date the written proposal was approved by the political subdivision's governing body, the date of the DNR certification and the effective creation date for the TID. The effective date is the January 1 prior to the date of DNR approval & site investigation report certification.

**PART I** – Identify all taxing jurisdictions authorized to levy taxes on property within the E.R. Tax Incremental District. Include the name of the jurisdiction and its identifying number if known.

**PART II** – The clerk of the political subdivision should sign in the area provided. (This is the official request for the Department of Revenue to certify a base value for the district.) Also include the date signed, your telephone number, and e-mail address if available.

**PART III** – Complete this area if an individual other than the clerk should be contacted for additional information.

**PART IV** – Identify all other E.R.Tax Incremental Districts in the political subdivision, including those that still exist and those that have expired. Enter the E.R.TID number, the approval date and the expiration date. If more space is needed, attach another sheet.

**The following statements by the political subdivision must be submitted with this application:**

1. Some eligible costs with respect to the parcels have been incurred and a DNR approved remedial action plan. (The statement must detail the purpose and amount of the current expenditures and anticipated expenditures and include a dated DNR site investigation report certificate).
2. All taxing jurisdictions with the authority to levy general property taxes on the parcels have been notified of the political subdivision's intention to recover the environmental pollution remediation costs and have been provided a statement of the estimated costs.
3. The political subdivision has attempted to recover remediation costs from the person who caused the environmental pollution. (Statement must be signed by its chief executive officer)
4. "Eligible Costs" are reduced by: any Local, state, or federal grant funds; gain on sale of property; and other reimbursed costs.